



AZ Medicaid Outpatient Workgroup Meeting

October 5, 2004

10:30 AM to 12:00 AM

AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Meeting Hosted By: Sara Harper, AHCCCS

Attendees:

(Based on sign-in sheets)

APIPA

Sharon Zamora

AHCCCS

Barbara Butler

Brent Ratterree

Dick Azzi

John Murray

Mark Renkel

Mike Upchurch

COCHISE

Marcia Goerdts (teleconf)

DES

Marcella Gonzalez

Pat Fizer

DHS/CRS

Jerri Gray

Joann Friest-White

MCP SCHALLER

Cathy Jackson-Smith

Melonee Jones

HEALTHCHOICE

Jessica Lennick (teleconf)

Joan Toland (teleconf)

Lori Owens (teleconf)

Patricia Castro

Kathy Taylor Law

INC SYSTEM

Joelle DiTommaso

PHP

Greg Lucas (teleconf)

Pat Lapp (teleconf)

PIMA

Mary Kahler (teleconf)

Marsha Lablanc (teleconf)

UHC

Deb Christenfeld (teleconf)

Jean Warner (teleconf)

John Valentino (teleconf)

Kathy Steiner (teleconf)

Alexia Cathers (teleconf)

1. Welcome (Sara Harper)

The email web address site is now set up. Please note the next meeting of our group is November 9, 2004. Please send your questions to our email address. We haven't had many questions, and I encourage you to send us questions to help formulate the agenda for these meetings. This is a technical workgroup time to help us answer your questions. Without those questions, we don't know what you're wondering about. If you come up with any issues and ideas before then, please send them to us and we'll be happy to address them.

2. Current Status/Timeline (Lori Petre)

In your package is the most current Timeline. We've only made a couple changes to that. We altered it to reflect that System Proposals are still in progress. That is not in accordance with the original schedule. We had really hoped to have those finalized some time ago. Mike's team will be concentrating with Sara's team to get those finalized and sent out to you. We're showing that as 'In Progress.' As a result of that, we've adjusted the Pilot Testing schedule to begin February 1st rather than January 1, 2005. At this point it wasn't realistic to assume we would hit January 1st, so we wanted to get that out to you sooner rather than later. As I said, we are trying to finalize this diligently over the next week, or two weeks, maximum.

Mike will talk about the revised System Proposal related to Provider and Reference, and he will discuss the changes to the document. We are still running with the same version that you saw in the last meeting of the Claims and Encounters Proposals. I've asked Mike to highlight from his team's

perspective what the outstanding issues are that they will be working on. You should then have a pretty good awareness of how close this is and what areas still have open questions.

3. System Requirements/System Proposal Status (Mike Upchurch)

I apologize we weren't further along with these changes today. What I'd like to do is look at the Provider Reference ISD System Proposal that is in your packet. Basically, three changes have been made since July. Just so you know where they are and what they're about, a new table has been added, RF129, for multiple surgeries, as outlined on page 12 of the System Proposal. You have the layout for this new table. This is pretty self-explanatory, but if you do have questions, please let us know. We'll do our best to give you any insights we can. On item #2, from 8504 we added RF723, the Limit Override for Modifiers and RF728, the Override Modifier Action Codes. That is outlined on page 24 in your manual. John, on these new tables where we're adding information, I know we're providing the Plans a lot of information on the web with extracts. Is any of this information going to be included in these extracts?

John Murray – The extracts I'm familiar with go out to the server. If you go to page 57, this section deals with this. It will go to a new table.

Mike Upchurch – So basically, this will go out in a new reference file, the RF003, as outlined on page 58. This takes us to Item #3, to rename the table RF-PROC-XREF to RF-PROC-CCI, and add a modifier field to the table and add a form type to the table.

HP – Can you clarify which tables you'll provide to the plans and which are internal for your own process?

Mike Upchurch – All of the ones that are on this document will be provided to the plans. And as I pointed out, on page 57, 58 and 59, these will all be provided to the plans.

A lot of the problems that we're still addressing especially revolve around the dup process and how we will handle that. How will modifiers affect our dup process? One basic thing is that generally the dup process is taken care of at the header level on UB forms, now we will have to use the dup process at the line level if we have to look at modifier codes. We have to get the definition on how exactly they want that process to take place. We're waiting for ID and definition on additional edits that we need to add into the system so we can get those out to you, and then you will know what you will be bouncing against. A lot of issues revolve around the dup process. Such as, how do they want us to handle split bundling for dup processing and definitions for requirements for cross-form dup checks? That is one of the requirements we've been given to check the cross-form types. Those are primarily the biggest items we still have outstanding. There are some little ones we still need to nail down. Sara mentioned there'd been some comments coming in from the plans, although I haven't seen any. I'm assuming there's not a lot that involves ISD at this moment. If you have any questions or concerns, please get them in so that we can address them early.

HP – On the multiple surgeries, how have you guys decided you'll identify the primary and secondary surgery without modifiers?

Lori Petre – Sara actually has a list of open policy decisions. That one is on the list.

Sara Harper – I'm creating a list that I will share. We're meeting with hospitals systems and network group in another two weeks, and compiling a common list so that all providers and contractors have the same list of what issues are outstanding. Some of the items that are still in development and you haven't received documentation on yet, in addition to the dup checks Mike discussed, are issues with the general handling of split bills, late charges, some HIPAA issues with Unit Limits we're working on, the issue of the surgery, how will we insure we process the primary surgery first, the processing of maternity and nursery outpatient claims. Any other policies that are tied to Inpatient but we need to verify with this new fee schedule, and what logic will apply.

HP – What about not paying an outpatient ER claim if we've got an inpatient claim?

Sara Harper – There is still going to be that connection and is going to be rolled into the tier. The tier payments do include all those COTs, regardless of whether they're paid Outpatient, TCR or Fee Schedule. Those COTS were rolled into tier payment, so that logic will not change. The logic that may change was in how we consider same day admin discharge, and one-day babies, and how they are paid. Because currently the logic states that if you have a one-day maternity, you pay the lesser of maternity tier in the outpatient charges times the hospital's specific CCR. We're looking at that logic to see if it still makes sense. We're reviewing two edits, the processing issues that 100% surgeries and the logic that goes with that. That might not be an issue at all. But I am making a list for you with the same information that we're working from. Any comments, concerns or ideas, based upon what you're seeing, will this be do-able.

HP – The question I had on modifiers and multiple surgeries is because I see it in the table design. On page 36, the Multiple Surgery Exception Table. It has the CPT codes and modifier column.

John Murray – This is to show the last time the table was modified.

HP – As of yet, we're not using modifiers to do that?

Sara Harper – Correct. Are there any more questions about the Requirements in the Proposal?

Lori Petre – We will be working on this in the upcoming week and it will be finalized and sent out to you.

ACTION ITEM-Lori to send out finalized requirements.

4. Review of Survey Results (Sara Harper)

There were two surveys we've done since the last meeting. One of the surveys is on how you report units to us. Do you fill in the blank field, or do you have a default. It looks as though everyone responded to that, and we appreciate that. Now we can use that information to make some assumptions on our end on how to process work we need to do without processing both claims and encounters.

Lori, what are the plans for remediation to support the Outpatient Fee Schedule Changes? Will you be asking your vendor to modify your system, or will you be undertaking the necessary modifications with internal staff.

Lori Petre – The survey was to get a feel for what others are doing. We've made this available so that you have some idea about what others are doing, and someone has a like strategy to use, or a similar system, it lets you know who's doing what. We encourage, either through this meeting or outside of it, for you to interact together. Sometimes the solutions can be used across Health Plans.

5. Discussion of Action Items (Lori Petre)

We will send out a formal update after the meeting of the action items that were captured from the last meeting and the current status or resolution was on those. If you see anything on there or have questions about the resolutions, get those back to us. We will send that out after the last meeting.

ACTION ITEM-Lori to send out formal update on action items.

Sara Harper – Many of the questions on that are from the list we just went through.

Lori Petre – One of the things we'll be working on between this meeting and the next meeting is the formal test plan. It will be from AHCCCS' perspective how we'll test the Outpatient Project. I will send a draft of that out if we get that done prior to the meeting. It will be similar to what we did for HIPAA. We need your input, it is important. If you see in your operations or your encounters a particular claim, or a

type of claim, or a situation you want to make sure is included in the test plan, we need to know that. You can let us know however you want. You can jot down "How about a claim that has this, this, and this," you can send us an actual claim, you can say "with this encounter that we've sent to you," we can pull it that way. In order for us to canvass a lot of the situations, and hopefully do a good job testing what it is we'll be doing prior to initiating Pilot testing, and testing with yourselves and the hospitals, we need to get these kinds of examples. Also, your input on what we put into the test plan. Does our approach make sense? Are there things we say we'll do and you aren't sure about how we'll get to those? I will have that document at a minimum by the next meeting. We may have it sooner than that. That is something we need your input on. As soon as the System Proposals are signed, we'll send out the final signed versions by email. We will then go through these in the next meeting to see whether there is anything we missed, is there something to add to Sara's list of what is outstanding?

HP – Were you going to give out that list? That will help answer some of our questions.

Sara Harper – In another week or so, I'm compiling it with the Hospital list as well.

ACTION ITEM-Sara to compile and send list.

6. Next Meeting (Sara Harper)

The next meeting is on November 9th. The actual timeline lists the 7th, but it is on the 9th.

Lori Petre – And on the same day, the Technical Consortium will be immediately following this group. So they are back to the same day. One of the concerns I talked about, we do realize this teleconference thing is kind of a learning experience. We may actually ask for attendees of this meeting to confirm. If it looks as though it will be a small group, we will hold this meeting in a smaller room. That will make hearing on the telephone much easier. We will do that over the next few meetings.

HP – It seems as though all the health plans feel a little bit in a bind, in terms of being able to move forward very quickly with our own custom programming. Because then we have to customize similar to what AHCCCS is doing. We don't want to get too far ahead of you. It is helpful that you're going off a design. We encourage you to get a complete redesign worked so that then in turn we can then move forward.

Lori Petre – That's why we are working on this over the next week because we realize it doesn't just have implications for us. This is not getting finalized as quickly as we'd like, either.

Sara Harper – We're working just as fast as we can. There are so many things that pop up with this operating system.

Thank you.